

## **Intensive Residential Supports-Behavioral**

### **Service Definition (Scope):**

**Intensive Residential Supports-Behavioral** consists of intensive supports and services that are all inclusive of the individual's needs and provided with a comprehensive team approach to service delivery. This service is provided to an individual who has complex behavioral needs; and demonstrates a temporary need to either live alone or live with others but not share staffing resources and receive up to a full day (24 hour) of paid supports and services that focus on teaching proactive skills that assist the individual in learning replacement/coping skills that reduce/minimize or replace the behaviors that interfere with the person being able to safely live and interact with others. This service is intended to prepare the eligible individual for living with a less intense level of paid supports. A person's ongoing need for this intense level of service will be assessed by the DDRS Clinical Review Team (CRT) using the objective criteria defined below at intervals documented in their Individualized Support Plan (ISP) but no less than once per quarter.

Each individual enrolled in this service will have a behavior support plan that identifies behavior reduction or consequence-based techniques as well as skill acquisition strategies that decrease the impact of challenging behavioral events and increase new adaptive positive behaviors to assist the individual to continue to live in the community and prevent institutionalization. Endorsement of the behavior support plan shall be done by the DDRS CRT during consultation. The CRT or their designee will provide technical assistance and consultation to the Individual Support Team (IST) to ensure appropriate implementation of the behavioral support plan; and will evaluate the effectiveness of the behavioral support plan by monitoring the plan on a minimum of a quarterly basis, and shall consult with the individual and their ISP team, at a minimum of, one month after the implementation of the behavior plan, and at three month intervals after the initial review. The oversight and technical assistance provided by the CRT will include professional consultation with the IST for problem solving, questions and recommendations and/or updates to the strategies outlined in the behavior support plan. The CRT, or any member of the team, shall make recommendations in writing to the IST and Intensive Support Coordinator as appropriate.

In addition to the behavioral support plan, the service and supports received by the waiver participant are designed to enhance independent living skills based on the individual's goals, interests, strengths and assessed needs that will lead to greater community integration. The service is intended to assist the participant to form and sustain meaningful relationships with natural and non-paid supports and to acquire or maintain social, communication, daily living, leisure, employment, and self-care capabilities. Additionally, through skills received through this service, the individual will learn to manage and reduce behaviors that would otherwise pose a risk to the health and safety of themselves or those around them.

The ISP for a person enrolled in this service must include supports and services directed at the achievement of full community integration and participation, focus on the development of independent and adaptive living skills, and shall be provided in the environment (location) most appropriate to learning and practicing the skill. This may include, but is not limited to, the individual's home and/or community location where the skill in practice is most likely to be demonstrated. The person's ISP will include the use of natural and paid supports.

## **Individuals Eligible for Intensive Residential Supports-Behavioral**

A waiver participant is considered for this service based on a referral by their IST, and must include documentation demonstrating an increase or significant levels of change in emotional, behavioral or mental health issue that results in the functional impairment of the individual and substantially interferes with or limits functioning at home or in the community. The specific behavioral needs must be documented to interfere with the individual's ability to benefit from other supports and services and that is jeopardizing their health or the well-being and/or safety of others. This may include but is not limited to:

1. The individual is experiencing a marked reduction in psychiatric, adaptive, and/or behavioral functioning;
2. The individual is experiencing a significant increase in extreme emotional distress;
3. The individual is demonstrating a need for continuous intervention (i.e. repeated hospitalizations, increased PRN medications, more than 1:1 paid supports etc.) to maintain stability in a community based setting;
4. The individual is at risk of at least one of the following:
  - a. psychiatric hospitalization;
  - b. imminent ICF/IID placement;
  - c. incarceration
  - d. loss of a community service due to a severe situational reaction; or
  - e. causing harm to self or others.

To be eligible for Intensive Residential Supports-Behavioral the individual must meet the intense/complex behavioral need criteria as determined by documentation submitted and reviewed by the DDRS CRT.

Criteria for eligibility include at least one of the following, in addition to approval by the clinical review team:

- Behavior that endangers the waiver participant's life or others;
- Destructive behavior including significant property damage;
- Sexual predator behavior;
- Elopements as defined in 460 IAC 6 that present significant risk to the life of the waiver participant or the lives of others.

The documentation must include a clinical and functional assessment of the individual's psychological and behavioral conditions which may include but are not limited to; behavioral rating scales, interviews, and observations in home/work/school settings. The documentation must also include an assessment of the individual's readiness and ability to participate in (and benefit from) the interventions. The documentation presented must at a minimum meet the standards outlined in 460 IAC 6-18-2 and be compliant with DDRS Policies.

**Clinical Review Team - Behavioral:**

Intensive Residential Supports-Behavioral will include consultation, technical assistance and determination for eligibility from the DDRS CRT. The DDRS CRT will be comprised of the following core practitioners:

- Psychiatrist
- Health Service Provider in Psychology (HSPP)
- Licensed Clinical Social Worker (LCSW)
- Registered nurse or an advanced practice nurse

Other disciplines represented on an as needed basis, to the clinical review team, are the following:

- Rehabilitation Specialist representing cross disciplines of Occupational, Physical and Speech Therapies
- Special Education
- Dietician
- Pharmacist
- Primary Care Physician

**Reimbursable Activities:**

- Development of a Behavior Support Plan for each eligible individual based on information from a functional and clinical assessment that is designed to include strategies for the staff and individual directed at the development of replacement behaviors or minimization of the challenging behaviors.
- Development, oversight and maintenance of any behaviorally related Risk Plans which includes:
  - Training of Direct Support Professionals to ensure implementation of Risk Plans
  - Consultation with the IST
  - Active involvement at all team meetings, reporting on the Behavioral Support Plan and progress as it relates to the individuals needs
- Services and Supports designed to complement, not supplant available natural supports and/or to assist with developing natural supports.
- Services and Supports provided which are based on the person's service plan including goals that are identified through the use of Person Centered Planning tools such as Important To/Important For; Like and Admire; Good Day/Bad Day; One Page Profile; and the Relationships Map; and other goals that support the person to achieve a meaningful and good life.
- Services and Supports may include training activities directed at developing skills in the areas identified in the PCP. These areas of direct skills training, supervision, and/or teaching may include:
  - Access to the larger community (i.e. shopping, attending religious services, activities with family and friends in the community, education and training on where to find information about community activities).
  - Employment (training and support that would allow opportunities for integrated employment).

- Nutrition and meal preparation (i.e. preparing meals that align to the individual's dietary needs, education and training on shopping to prepare for meals, training of meal etiquette when sharing a household with others).
- Personal care (i.e. daily hygiene training, training on laundry skills, etc.)
- Self-advocacy- training and support on expression of ones needs and preferences.
- Training and support to ensure that the individual has the skills to controls his/her personal resources. (manage a checking or savings account or other means to control his/her funds, payment of household bills etc.).
- Provision of transportation necessary to implement the goals in the person's service plan, this also includes transportation (or assistance with transportation i.e. bus passes etc.) needed to ensure full access to the community and support the individual's community integration goals as outlined in the ISP.
- Use of Remote Support Technology in lieu of face to face support if documented in the ISP as appropriate.
- Management and facilitation of medical and wellness coordination services, a wellness coordination plan, and the medical services required to manage his/her healthcare needs in order to ensure healthy outcomes are achieved. The coordination of these activities extends beyond those services provided through routine doctor/health care visits required under the Medicaid State Plan and are specifically designed for participants requiring assistance of an RN/LPN to properly coordinate their medical needs. Coordination of health care needs by the RN/LPN provider must include, but is not limited to the following:
  - Attendance at, or providing updates on, physician appointments
  - Medication management and monitoring
  - Maintenance of the individual's health record
- Coordination of health care services by the RN/LPN provider must include, but is not limited to the following:
  - Creation and implementation of Risk Plans.
  - Development, oversight and maintenance of a Wellness Plan (Wellness Plan may include Risk Plans).
  - Oversight and maintenance of Risk and Wellness Plans which includes:
    - Training of Direct Support Professionals to ensure proper implementation
    - Consultation with the individual's health care providers
    - Face to face consultations with the individual at a frequency described in the support plan
    - Consultation with the individual's support team
    - Active involvement at all team meetings, reporting on the Wellness Plan as it relates to the individual's needs
- Provision of wellness data as required by BDDS Policy.

**Specify applicable (if any) limits on the amount, frequency or duration of this service:**

- A person enrolled in Intensive Residential Supports Behavioral must be present and receive services for at least a portion of the day the provider bills for Intensive Residential Supports-Behavioral.

**Limitations:**

- The provision of additional services and supports must be clearly defined in the service plan and not be redundant to the scope of Intensive Residential Behavioral Supports. Other authorized services should be consistent with identified goals and needs and have a defined focus for training.
- Providers will not be reimbursed separately for Remote Support Technology for individuals receiving INTENSIVE RESIDENTIAL SUPPORTS-BEHAVIORAL Services. Remote Support Technology is built into the daily rate of INTENSIVE RESIDENTIAL SUPPORTS-BEHAVIORAL services. Providers must adhere to all Remote Support Technology Service Standards as defined within the Remote Support Technology Service Definition. (Service Standards are found in the DDRS Waiver Manual)
- Providers may not bill for INTENSIVE RESIDENTIAL SUPPORTS-BEHAVIORAL reimbursement for time when staff/paid caregiver is asleep. Only awake, engaged staff can be counted in reimbursement.
- Providers may not bill for Intensive Residential Supports – Behavioral reimbursement during the time when a participant is admitted to a hospital. (The care and support of a participant who is admitted to a hospital is a non-billable Intensive Residential Supports – Behavioral activity.) Intensive Residential Supports – Behavioral Services can be billed the day of a hospital admission and the day of discharge from a hospital if services are provided on those days; however, Intensive Residential Supports – Behavioral cannot be billed for other days the individual is hospitalized, even if the Intensive Residential Supports – Medical provider provided services in the hospital setting such as “sitter” services.
- Non-Medical Transportation services may not be authorized on the person’s plan of care as a separate service if receiving Intensive Residential Supports Behavioral
- Wellness Coordination may not be authorized on the person’s plan of care if receiving Intensive Residential Supports-Behavioral, as a separate service.
- Behavioral Management services may not be authorized on the person plan of care if receiving Intensive Residential Supports-Behavioral, as a separate service.
- Individuals receiving Intensive Residential Supports-Behavioral cannot receive more than 10 hours per month of Community Habilitation Individual (CHIO) services from their Intensive Residential Supports provider.
- Enhanced Residential Living may not be authorized on the individual’s plan of care if receiving Intensive Residential Supports-Behavioral, as a separate service.
- Residential Habilitation and Support may not be authorized on the individual’s plan of care if receiving Intensive Residential Supports-Behavioral, as a separate service.
- Intensive Residential Supports – Medical may not be authorized on the individual’s plan of care if receiving Intensive Residential Supports-Behavioral, as a separate service.

**Activities Not Allowed:**

In addition to provisions already listed in the waiver:

- The concurrent provision of two authorized services for the exact time period in a day.
- Replacement of natural supports with paid supports cannot be done merely for the convenience of the provider. A clear, person-centered reason must be documented in the service plan along with efforts being made to return to natural supports.
- Reimbursement is not available through Intensive Residential Supports Behavioral in the following circumstances:
  - Services furnished to a minor by the parent(s), step-parent(s), or legal guardian
  - Services furnished to a participant by the participant's spouse
  - Services to individuals in Adult Family Living services
  - Services that are available under the Medicaid State Plan
  - Reimbursable waiver funded services furnished to a waiver participant by any relative and/or legal guardian(s).

### **Provider Qualifications:**

Pursuant to Indiana Regulation 460 IAC-614-4, the framework upon which providers of Intensive Residential Supports-Behavioral training requirements are based consist of:

- 1) Respecting the dignity of an individual
  - 2) Protecting an individual from abuse, neglect, and exploitation
  - 3) Implementing person centered planning and the ISP; and
  - 4) Communicating successfully with an individual
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1. The BDDS requires that each provider designate one or more staff positions—with essential knowledge, skills and abilities—to be responsible for implementing a staff training program. The approved trainer must have a minimum of 3 years of experience providing direct supports or specific expertise/certification in the subject matter.
  2. In accordance with Indiana Code [IC 12-11-1.1-1], Supported Living providers must be accredited by at least one (1) of the following organizations:
    - a) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
    - b) The Council on Quality and Leadership in Supports for People with Disabilities, or its successor.
    - c) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
    - d) The National Committee for Quality Assurance, or its successor.
    - e) The ISO-9001 human services QA system.
    - f) The Council on Accreditation, or its successor.
    - g) An independent national accreditation organization approved by the secretary.
  3. Providers must demonstrate the following staff is an employee or contracted employee of the agency and are available to the IST of individuals receiving the service of Intensive Residential Supports -behavioral 24 hours a day:
    - a) Health Service Provider in Psychology (HSPP)

- b) A licensed clinical social worker (LCSW); Licensed Mental Health Counselor (LMHC); or Board Certified Behavior Analyst (BCBA) with knowledge and experience consistent with applied behavior analysis and other systematically applied behavioral evidence based practices
  - c) Psychiatrist
  - d) Pharmacist
  - e) Licensed Registered Nurse
4. The behavior consultant (i.e. the LCSW, LMHC or BCBA) must provide at least fifteen (15) hours per week of behavior services to the participant for direct monitoring, assessment, intervention, and staff training.
  5. Psychiatric services must be available at a minimum of ten (10) hours per month for the participant and have twenty four (24) hour availability. The psychiatric support must consist of direct service to the participant for assessment, intervention and/or staff training.
  6. The nursing personnel is to coordinate health care needs of the individual receiving the service for access to twenty-four (24) hour consultation and support and medical supervision as the individuals' needs warrant.
  7. The HSPP must be available at a minimum of (10) hours per month for the participant for assessment, intervention, and/or staff training and consultation and must have twenty-four (24) hour availability and be familiar with the specific needs of the consumers in the home.
  8. The pharmacist must review the individual's drug regimen, lab work, and documented behaviors, at least quarterly. The pharmacist must report any irregularities found with the drug regimen, lab work, or diagnosis as they relate to the behaviors(s) of the individual to the prescribing physician and the support team within (7) calendar days. If the irregularities present a serious risk to the health and safety of the individual, the irregularities must be reported to the physician and the support team immediately.

#### **Agency Qualifications:**

The agency must demonstrate significant knowledge in serving complex individuals with high support needs with a comprehensive team approach to service delivery. The can be demonstrated by a history of supporting individuals through prior or current operation of an Extensive Support Needs (ESN) ICF/ID in Indiana or other comparable environment in another state. For agency's that do not have a history of or are currently operating an ESN ICF/ID, qualifications may also be demonstrated with documentation that demonstrates the required professional relationships as well as documented success of effectively working with past or present BDDS clients and moving those clients into community based non-restrictive settings. The DDRS CRT will evaluate any agency applying to be an Intensive Residential Supports Behavior provider and make recommendations to the DDRS Director, or his/her designee, as to the approval of such agency.

#### **Agency Training Requirements:**

Documentation that the following training requirements have been met must be maintained and able to be produced at the request of the state or its contracted agents:

1. Prior to working with an individual participant, employees in direct support position have received:

- a. Training needed to address the unique support needs of the individual as detailed in their ISP
  - b. Training on implementing the ISP
  - c. Professional skill development (designing goals, communication skills, etc.)
  - d. Behavioral Intervention Skill Development
  - e. Training on providing a healthy and safe environment
  - f. Education and training on how to manage individual-specific treatments and interventions, including management of an individual's seizures, behavior, medication side effects, diet and nutrition, swallowing difficulties, emotional and physical crises and significant health concerns.
2. Each Direct Support staff person will complete an orientation in each home at which he/she works.
3. Training will be conducted by a designated co-worker or supervisor and will be a minimum of 20 hours of person specific training prior to beginning work independently in a participant's home. Documentation of the training will be placed in the employee's personnel file and available for audit purposes upon request.
4. Direct Support Professionals will shadow experienced workers (will not work alone) until such time as the Agency Provider determines the staff persons are competent—based on on-the-job training pertinent to the services they will be providing.
5. Enrolled as an active Medicaid provider
6. Must be DDRS-approved
7. Must comply with Indiana Administrative Code, 460 IAC 6
8. Must comply with any applicable DDRS service standards, guidelines, policies and/or manuals.

**DSP Qualifications:**

DSP specific training including training and experience specific to working with people with complex behavioral needs, MANDT or other training.

**Documentation Standards:**

- All Documentation must be in compliance with 460 IAC 6
- A minimum of one daily note for each day the individual is present and receiving Intensive Residential Supports-Behavioral services, with appropriate elements, documenting one or more distinct actions or behaviors as outlined in 'Reimbursable Activities' per individual served is required to support the billing of receiving Intensive Residential Supports-Behavioral Service.
- The Intensive Residential Supports-Behavioral Service provider must be able to demonstrate through relevant time keeping records or other similar documentation which staff members were working during the receiving Intensive Residential Supports-Behavioral Service provided upon audit, or upon request by the State of Indiana or its contracted agents.
- IST must provide documentation at least annually demonstrating that all options for Remote Support Technology have been explored and provide written justification when it is determined Remote Support Technology is not a viable option for the individual.
- Must comply with Indiana Administrative Code, 460 IAC 6 and any applicable BDDS service standards, guidelines, policies and/or manuals, including DDRS waiver manual



**Intensive Residential Support Behavior Documentation must include:**

- Documentation of Services rendered as outlined in the ISP
- Data record of service delivered documenting the complete date and time entry (including a.m. or p.m.). If the individual providing the service is required to be professionally licensed, the title of that individual must also be included. For example, if a nurse provides Intensive Residential Support Behavior services, the nurse's title should be included.
- Any significant issues involving the participant requiring intervention by a Health Care Professional, Intensive Support Coordinator or BDDS staff member
- Objective data relating to each targeted behavior goal as outlined in the ISP
- Quarterly summaries as specified by BDDS and monthly, quarterly and/or annual outcome data as specified by BDDS
- Documentation of any transportation provided throughout the day
- Documentation of any face to face contact or phone/technology related communication with the participant and a RN or LPN and any recommendations provided by that professional.
- Documentation of any face to face contact or phone/ technology related communication with the Health Service Provider in Psychology (HSPP) and any recommendations provided by that professional.
- Documentation of any face to face contact or phone/technology related communication with the behavioral professional and any recommendations provided by that professional.
- Documentation of any face to face contact or phone/technology related communication with the psychiatrist and any recommendations provided by that professional.
- Documentation of any face to face contact with the pharmacist or any consultation that occurred with the pharmacist during that day and any recommendations provided by that professional